2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am ^g Secretary of State DOCUMENT # 728562 1. Entity Name POMPANO CHIEFS FOOTBALL TEAM, INC. 03-26-2001 90010 038 ****70.00 Principal Place of Business Mailing Address MITCHELL/MOORE RECREATION MITCHELL/MOORE RECREATION **ウロロウじまずだ** 901 NW 10TH ST 901 NW 10TH ST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BALLARD, JOE 4821 NW 19TH ST. **COCONUT CREEK FL 33063** Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Assi Secondin **Addition** TITLE ☐ Channe TITLE ☐ Delete BALLARD, JOE NAME NAME STREET ADDRESS STREET ADDRESS 4821 NW 19TH ST. Pompano BEACH, F1 33064 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33063 Ecastualy-SD **X** Change Delete Addition TITLE TITLE WIMBERLY, PAULA NAME NAME STREET ADDRESS 349 NW 19TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP---Change ☐ Addition TITLE ☐ Delete TITLE BAKER, ALBERTHA NAME NAME STREET ADDRESS 991 NW 23RD TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Addition TITLE ☐ Delete TITLE SMITH, RHONDA NAME STREET ADDRESS STREET ADDRESS 601 NW 20TH ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Addition TITLE X Delete Phillips MCLAMORE, GARY NAME NAME STREET ADDRESS STREET ADDRESS 591 NE 38TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 MD -☐ Addition TITLE ☐ Delete TITLE ☐ Change REED, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1700 NW 5 AVE.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

POMPANO BEACH FL 33060

CITY-ST-ZIP